



# Toolkit

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## Skills Observation Kit Contents

When the designated school staff successfully completes the medication administration course, they receive a certificate. Then the nurse observes their medication administration skills and signs the course completion certificate.

Nurses can put together a kit to use in the skills observation using the following list of kit contents, labels for the demonstration medication containers, and skills observation checklist corresponding to the skills covered in the course:

- ☐ A labeled pill bottle filled with a candy, such as Red Hots
- ☐ A labeled liquid medication bottle, filled with water or colored water. Labels will last longer if covered with clear packing tape
- ☐ Over-the-counter ointment or cream, such as Vitamin E
- ☐ Over-the-counter eye drop, such as Clear Eyes
- ☐ Swim ear drops
- ☐ Gauze pads for practicing topical skin medication application
- ☐ Tape for skin medication application
- ☐ Protective gloves
- ☐ Cotton balls
- ☐ Tongue depressor
- ☐ Medicine cup, spoon or dropper
- ☐ Skills checklist to copy for each person observed
- ☐ Epipen trainer



**HomeTown  
PHARMACY**

100 Main Street  
Anytown, IA 56485  
319-555-3402

Rx: 5162001                      Dr. Carlson  
ALEX TURNER                      RPh: GAE  
Take 2 tablets 3 times a day  
CANDIES                              Qty: 90  
Refills: None                      Date: yesterday



**HomeTown  
PHARMACY**

100 Main Street  
Anytown, IA 56485  
319-555-3402

Rx: 5162000                      RPh: GAE  
Kayl a Shephard                      Dr. Lewi s  
Give 7.5 ml by mouth  
3 times a day for 7 days  
WATER  
250mg/ 5mL    Dat e: t h i s   m o n t h / y e a r



**HomeTown  
PHARMACY**

100 Main Street  
Anytown, IA 56485  
319-555-3402

Rx: 5162006                      Dr . Pant i ni  
Rachel Demmer                      RPh: JJE  
Apply to affected area twice daily for  
4 weeks Over the counter ointment  
Refills: 1                              Dat e: t o d a y



**HomeTown  
PHARMACY**

100 Main Street  
Anytown, IA 56485  
319-555-3402

Rx: 5162004                      Dr . Ackker  
Jason Cole                              Ph: FBF  
Instill 1 drop in right eye every 4  
hours  
Over the counter eye drops  
Refills: 0                              Dat e: t h i s   y e a r / m o n t h



**HomeTown  
PHARMACY**

100 Main Street  
Anytown, IA 56485  
319-555-3402

Rx: 5162836                      Dr . Mbr ris  
Emily Van Der Leest                      RPh: WMS  
Instill 1 drop in left ear 4 times a  
day for 10 days  
Over the counter ear drops  
Refills: None                              Dat e:   c u r r e n t



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PHARMACY**

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Over the counter ear drops  
Refills: None                              Dat e:   c u r r e n t



## SKILLS CHECKLIST

*The following checklist can be used for the staff skills observation needed to complete the medication administration training. Check the box for each step done correctly.*

Name: \_\_\_\_\_ School \_\_\_\_\_

Nurse observer \_\_\_\_\_ Date \_\_\_\_\_

### HANDWASHING

- |                                                               |                                                                |
|---------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> 1. Wet hands                         | <input type="checkbox"/> 4. Dry with paper towel               |
| <input type="checkbox"/> 2. Apply liquid soap                 | <input type="checkbox"/> 5. Use paper towel to turn off faucet |
| <input type="checkbox"/> 3. Rub hands together for 15 seconds |                                                                |

### TABLETS AND CAPSULES

- |                                                                       |                                                                             |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> 1. Check five rights                         | <input type="checkbox"/> 8. Check five rights                               |
| <input type="checkbox"/> 2. Remove bottle cap                         | <input type="checkbox"/> 9. Give cup to student                             |
| <input type="checkbox"/> 3. Hold cap in one hand, bottle in the other | <input type="checkbox"/> 10. Have students get a cup of water               |
| <input type="checkbox"/> 4. Pour correct number of pills into cap     | <input type="checkbox"/> 11. Observe student swallowing medication          |
| <input type="checkbox"/> 5. Pour pills into clean medicine cup        | <input type="checkbox"/> 12. Have student throw medicine and water cup away |
| <input type="checkbox"/> 6. Put cap back on bottle                    | <input type="checkbox"/> 13. Document medication administration             |
| <input type="checkbox"/> 7. Individually wrapped, remove into cup     | <input type="checkbox"/> 14. Put medicine away                              |

### SPRINKLES

- |                                                              |                                                                  |
|--------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> 1. Check five rights                | <input type="checkbox"/> 5. Give all the "sprinkled" food to the |
| <input type="checkbox"/> 2. Open capsule carefully           | <input type="checkbox"/> 6. Complete documentation               |
| <input type="checkbox"/> 3. Pour the sprinkles onto the food | <input type="checkbox"/> 7. Put medicine away                    |
| <input type="checkbox"/> 4. Check five rights                |                                                                  |

## ORAL LIQUID MEDICATION

- ☐ 1. Check five rights
- ☐ 2. Pour medication into cup
- ☐ 3. Hold cup at eye level to check amount
- ☐ 4. Wipe any drips from bottle
- ☐ 5. If using dropper, measure correct amount
- ☐ 6. Put cap on
- ☐ 7. Check five rights
- ☐ 8. Give student the medication in cup or dropper
- ☐ 9. Watch student take all medication
- ☐ 10. Complete documentation
- ☐ 11. Put medicine away

## TOPICAL SKIN MEDICATION

- ☐ 1. Gather supplies
- ☐ 2. Check five rights
- ☐ 3. Position student/observe affected area
- ☐ 4. Clean skin
- ☐ 5. Check five rights
- ☐ 6. Uncap ointment or lotion
- ☐ 7. Squeeze correct amount on tongue blade
- ☐ 8. Apply medication according to directions
- ☐ 9. Put cap back on
- ☐ 10. Cover skin as directed
- ☐ 11. Complete documentation
- ☐ 12. Put medicine away

## EYE DROPS AND OINTMENTS

- ☐ 1. Gather supplies
- ☐ 2. Put on gloves
- ☐ 3. Check five rights
- ☐ 4. Position student with head tilted back
- ☐ 5. Check student's eyes for changes
- ☐ 6. Check five rights
- ☐ 7. Open eye medicine
- ☐ 8. Pull lower lid down to expose conjunctival sac
- ☐ 9. Approach eye from side with drops
- ☐ 10. Put correct number of drops into lower sac
- ☐ 11. Apply ointments in a thin line along lower lid
- ☐ 12. Have student close eyes for a minute or two
- ☐ 13. Wipe excess medicine with cotton ball
- ☐ 14. Dispose of cotton ball, gloves and tissue
- ☐ 15. Document medication administration
- ☐ 16. Put medicine away

# EAR DROPS

- ☐ 1. Gather necessary supplies
- ☐ 2. Check five rights
- ☐ 3. Position student so head is to the side
- ☐ 4. Observe ear, clean with cotton ball if needed
- ☐ 5. Check five rights
- ☐ 6. Pull earlobe down and back for students under three
- ☐ 7. Pull earlobe up and back for older students
- ☐ 8. Administer correct number of drops
- ☐ 9. Rub skin in front of ear
- ☐ 10. Wipe excess liquid from ear with cotton ball
- ☐ 11. Have student hold position for a minute
- ☐ 12. Treat other ear if directed
- ☐ 13. Document medication administration
- ☐ 14. Put medicine away

# INHALERS

**(Note: A number of inhaler types exist, several demonstrations may be needed)**

- ☐ 1. Check five rights
- ☐ 2. Place canister into inhaler
- ☐ 3. Shake inhaler for two seconds
- ☐ 4. Check the five rights
- ☐ 5. Remove cap and hold canister above mouthpiece
- ☐ 6. Have student breathe out slowly
- ☐ 7. Follow directions for location of mouthpiece
- ☐ 8. Have student inhale slowly and deeply, hold breath for up to 10 seconds
- ☐ 9. If spacer is used, have student take several breaths
- ☐ 10. Give second dose if prescribed
- ☐ 11. Put cap back on medication
- ☐ 12. Document medication administration
- ☐ 13. Put medication away

# EPIPEN

- ☐ 1. Remove cap from EpiPen
- ☐ 2. Press tip against student's thigh
- ☐ 3. Hold for several seconds

# DOCUMENTATION AND REPORTING

- ☐ 1. Document medication administration
- ☐ 2. Document errors or other incidents
- ☐ 3. Understand contact procedures for questions or emergencies

# Medications Management in Iowa Schools

## Skills Observation Checklist



### Administering Rectal Diazepam

*This checklist is used by the nurse to observe skills before signing the certificate of completion for the rectal diazepam unit. The nurse should individualize this checklist to meet specific student needs. Check the box for each step done correctly. The qualified designated personnel must complete all steps successfully to complete the unit.*

Name of Qualified Designated Personnel \_\_\_\_\_

District School \_\_\_\_\_ Nurse observer \_\_\_\_\_

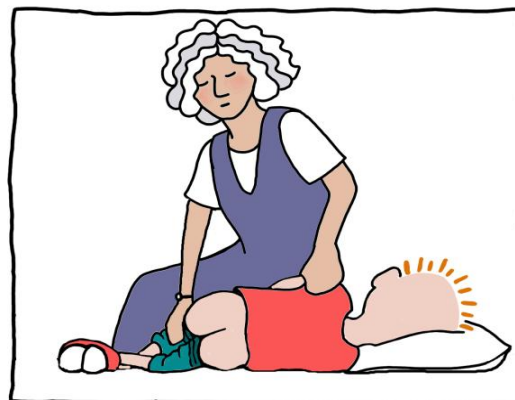
Date Completed \_\_\_\_\_ Date for rechecking \_\_\_\_\_

- ☐ Stay calm when seizure occurs
- ☐ Review student's emergency health plan
- ☐ Wash hands
- ☐ Place student on his or her side where fall can't occur
- ☐ One person gets rectal diazepam kit; one person stays with student
- ☐ Check five rights

#### NOTE:

*The following steps may vary with specific type of medication*

- ☐ Take syringe out of kit
- ☐ Check to make sure right dose is dialed and green ready band is visible
- ☐ Push up cap with thumb and pull off
- ☐ Lubricate syringe tip by inserting in lubricating jelly
- ☐ Turn student to face you
- ☐ Expose buttocks and move student's upper leg forward so rectum is exposed
- ☐ Insert syringe in rectum until rim is against opening
- ☐ Push the plunger in counting to three until plunger stops
- ☐ Count to three before removing syringe from the rectum
- ☐ Hold the buttocks together while counting to three again
- ☐ Stay with the student
- ☐ Implement contacts and follow up procedures in the emergency health plan
- ☐ Discard syringe safely
- ☐ Wash hands
- ☐ Document medication administration



# Medications Management in Iowa Schools

## Skills Observation Checklist



### Administering Emergency Glucagon

*This checklist is used by the nurse to observe skills before signing the certificate of completion for the glucagon unit. The nurse should individualize this checklist to meet specific student needs. Place a ✓ in the box for each step done correctly. The qualified designated personnel complete all steps successfully to complete the unit.*

Name of Qualified Designated Personnel \_\_\_\_\_

District School \_\_\_\_\_ Nurse observer \_\_\_\_\_

Date Completed \_\_\_\_\_ Date for rechecking \_\_\_\_\_

- ☐ Identify signs of low blood sugar emergency (Disorientation, unconsciousness, or seizure)
- ☐ Review instructions for the student in emergency health plan (Glucagon will most likely be ordered if the student is unconscious, having a seizure, unable to eat sugar, or when repeated administration of sugar does not improve the condition)
- ☐ Have someone get glucagon kit
- ☐ Wash hands
- ☐ Check 5 rights
- ☐ Follow glucagon kit instructions

*NOTE: The following procedures may vary with specific type of kit)*

- ☐ Remove seal from bottle of dried glucagon
- ☐ Wipe top of medication bottle with alcohol swab
- ☐ Carefully remove needle cover from the syringe
- ☐ Put the needle into bottle and push plunger **in** until all the fluid is emptied into the bottle
- ☐ Holding syringe and vial together, swirl mixture until it forms a clear liquid (do not use if cloudy)
- ☐ Hold a bottle upside down (with needle in fluid) and withdraw prescribed dose into the syringe
- ☐ Position student on side
- ☐ Wipe injection site with alcohol swab; Site can be in the buttocks, thigh or arm
- ☐ Insert needle into site and push the plunger **in** to deliver medication in loose tissue of large muscle



- ☐ Apply slight pressure to site with a gauze pad and withdraw the needle
- ☐ Wipe the site with an alcohol swab
- ☐ Keep student in side position and stay with him or her. (On waking, the student may vomit and side position helps prevent choking.)
- ☐ When student wakes, and is able to swallow, give a quick source of sugar and a long acting source of sugar according to student's emergency plan
- ☐ If the student does not wake up in 15 minutes follow plan, including notifying identified parents or others
- ☐ Wait for EMTs or instructions from nurse or parents
- ☐ Discard equipment and unused portion
- ☐ Wash hands
- ☐ Document medication administration



# Skills Observation Checklist



*This checklist is used by the nurse to observe skills before signing the certificate of completion for the nebulizer unit. The nurse should individualize this checklist to meet specific student needs. Check the box for each step done correctly. The qualified designated personnel must complete all steps successfully to complete the unit.*

District School \_\_\_\_\_ Nurse observer \_\_\_\_\_  
Date Completed \_\_\_\_\_ Date for recheck \_\_\_\_\_

- ☐ Wash hands
  - ☐ Check for signed medication administration authorization
  - ☐ Assemble equipment and medication
  - ☐ Review directions for nebulizer assembly Place compressor on level surface
  - ☐ Plug in power cord
  - ☐ Wash hands
  - ☐ Unscrew top of nebulizer cup
  - ☐ Read the medication label and check for five rights
  - ☐ Prepare medication according to the directions. Pour specified amount of medication into medicine cup
  - ☐ Screw lid back on the cup
  - ☐ Attach tubing to the nebulizer cup outlet
  - ☐ Assess student as indicated in plan (pulse, respiratory rate and effort)
  - ☐ Turn power switch on and check for mist
  - ☐ Attach face mask or T-piece and mouthpiece to the medicine cup
  - ☐ Have the student sit comfortably near the machine; Explain the treatment; Offer a toy, music or a book to help pass the time
  - ☐ Place mask on student or give student the mouthpiece to place in mouth
  - ☐ Have student inhale through the mouthpiece or the mask
  - ☐ Note the time
  - ☐ Stay with the student during the treatment; continually assess respirations and effort
  - ☐ Watch and listen to assess when medication is running out. Allow all medication to mist before ending treatment
  - ☐ When all medication is gone, help the student remove the mouthpiece or mask
  - ☐ When treatment is complete, turn off the compressor
  - ☐ Observe for any unusual symptoms; Follow student's emergency plan if symptoms develop
  - ☐ Document medication administration
  - ☐ Disconnect the mouthpiece or mask from the tubing
  - ☐ Unscrew top on the medication cup and disconnect the tubing from the compressor
  - ☐ Follow the manufacturers directions for cleaning the equipment
  - ☐ Return medication and equipment to appropriate storage
  - ☐ Wash hands



## Example Assistive Personnel Documentation



\_\_\_\_\_  
Name

\_\_\_\_\_  
School

I, \_\_\_\_\_ (assistive personnel):

☐ Understand my responsibility and accountability to provide the service(s) as instructed

☐ Location of health service guideline and instructions:

\_\_\_\_\_

☐ Understand and will follow the lines of communication in the plan

☐ Agree to the level and frequency of supervision by the school nurse

☐ Agree to perform the service as instructed

☐ Agree to ask questions, communicate concerns promptly, and document service provision

☐ Received education and feel knowledgeable about the health service

Date \_\_\_\_\_ Initial \_\_\_\_\_

☐ Demonstrated step-by-step health service competency

Date \_\_\_\_\_ Initial \_\_\_\_\_

\_\_\_\_\_  
Assistive personnel signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School nurse signature

\_\_\_\_\_  
Date

5/01 Adapted from Cedar Rapids CSD form

[illegible][illegible]



## MEDICATION MANAGEMENT IN IOWA SCHOOLS

### Course evaluation



*1 is strongly disagree, 5 is strongly agree*

***Please respond  
to the following statements:***

***Strongly  
Disagree***

***Strongly  
Agree***

- |                                          |   |   |   |   |   |
|------------------------------------------|---|---|---|---|---|
| 1. The course was easy to use.           | 1 | 2 | 3 | 4 | 5 |
| 2. The material presented was new to me. | 1 | 2 | 3 | 4 | 5 |
| 3. The material presented was clear.     | 1 | 2 | 3 | 4 | 5 |
| 4. The material presented was difficult. | 1 | 2 | 3 | 4 | 5 |
| 5. It was difficult to pass the quizzes. | 1 | 2 | 3 | 4 | 5 |

***Look at the list of Units:***

- |                                           |                                       |
|-------------------------------------------|---------------------------------------|
| 1. Laws and Regulations                   | 10. Topical Skin Medication           |
| 2. Confidentiality                        | 11. Eye Drops and Ointments           |
| 3. Authorized Roles                       | 12. Eardrops                          |
| 4. Classification of Medication           | 13. Inhalers                          |
| 5. Hand Washing                           | 14. Self Administration of Medication |
| 6. The Five Rights                        | 15. Medication Errors                 |
| 7. Documentation                          | 16. Unusual Situations                |
| 8. Giving Tablets, Capsules and Sprinkles | 17. Medication Emergencies            |
| 9. Oral Liquid Medication                 |                                       |

Were any of these units difficult or confusing?

Do you have any questions about procedures for any of these topics?

Are there other topics that need to be covered?

Did you have any technical problems with the online course? Please provide details.

# Example emergency health plan



**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Birthdate:** \_\_\_\_\_ **Home Telephone:** \_\_\_\_\_  
**Parent(s):** \_\_\_\_\_ **Emergency Telephone numbers:**  
**Physician:** \_\_\_\_\_ **Telephone number:** \_\_\_\_\_  
**Hospital:** \_\_\_\_\_ **Telephone number:** \_\_\_\_\_  
**Medical insurance (optional):** \_\_\_\_\_

**Condition:** \_\_\_\_\_

**Usual treatment:** \_\_\_\_\_

**Signs of emergency:** \_\_\_\_\_

## Actions for school staff to take:

**Step 1:** \_\_\_\_\_

**Step 2:** \_\_\_\_\_

**Step 3:** \_\_\_\_\_

## Response to emergency, action taken, and persons notified:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Principal ☐ Registered Nurse ☐ Physician ☐ Parent(s)

This plan agreed to by: \_\_\_\_\_ Date: \_\_\_\_\_